

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024125

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 77

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) Ironton, Mo		c. CITY OR TOWN Ironton Mo	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) at home		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) William Austin Boyd		4. DATE OF DEATH Month 6 Day 8 Year 1963	
5. SEX male	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept 9 / 06 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Timber	
11. BIRTHPLACE (City and state or country) Potosi Mo.		12. CITIZEN OF WHAT COUNTRY US.A.	
13a. FATHER'S NAME Samuel Boyd		13b. MOTHER'S MAIDEN NAME Mary Jennings	
14. NAME OF HUSBAND OR WIFE Leona Boyd		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Leona Boyd Ironton, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation DUE TO (b) Myo Cardial disease, chronic DUE TO (c) Arteriosclerosis, genenal. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe Cranial injury, 1950		INTERVAL BETWEEN ONSET AND DEATH 6 mos. 10 years	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour [redacted] a.m. [redacted] p.m. Month, Day, Year [redacted]		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Ironton, Mo.	
21. I attended the deceased from Aug. 7, 1961 to June 8, 1963 and last saw him alive on June 2, 1963 . Death occurred at [redacted] m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Ben M. Bull, M.D.	
22b. ADDRESS Ironton, Mo.		22c. DATE SIGNED 6/10/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6/11/63	
23c. NAME OF CEMETERY OR CREMATORY Colored Cemetery		23d. LOCATION (City, town, or county) Ironton Mo	
24. FUNERAL DIRECTOR C.A. Howell		25. DATE REC'D. BY LOCAL REG. 6-10-63	
26. REGISTRAR'S SIGNATURE Mrs. Avis Jones			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

17
4387
JUN 1 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed C.A. Harrell

Licensed Embalmer No. 3670

P. O. Address Frontier, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.